

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY
(Includes Reference to PCT International Applications)

ATTORNEY DOCKET NUMBER

7230-4

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

PREVENTING ISCHEMIA-INDUCED CELL DAMAGE

the specification of which (check only one item below):

 is attached hereto.

was filed as U.S. Patent Application Serial Number 10/624,880 _____ on July 22, 2003, as amended on _____ (if applicable).

was filed as a PCT international application number _____ on _____, as amended under PCT Article 19 on _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations §1.56(a).

I hereby claim foreign priority benefits under Title 35, United States Code, §119 of any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me on the same subject matter having a filing date before that of the applications for which priority is claimed:

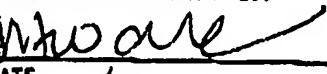
PRIOR FOREIGN PATENT APPLICATION(S) AND ANY PRIORITY CLAIMED UNDER 35 U.S.C. §119:

COUNTRY (If PCT Indicate PCT)	APPLICATION NUMBER	DATE OF FILING (Day, Month, Year)	PRIORITY CLAIMED UNDER 35 USC 119
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (Includes Reference to PCT International Applications)				ATTORNEY DOCKET NUMBER 5853-387
<p>I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) or PCT international application(s) designating the United States of America that is/are listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in that/those prior application(s) in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose material information as defined in Title 37, Code of Federal Regulations §1.56(a) which occurred between the filing date of the prior application(s) and the national or PCT international filing date of this application.</p>				
PRIOR U.S. APPLICATIONS OR PCT INTERNATIONAL APPLICATIONS DESIGNATING THE U.S. FOR BENEFIT UNDER 35 U.S.C. 120:				
U.S. APPLICATIONS			STATUS (Check One)	
U.S. APPLICATION NUMBER		U.S. FILING DATE	PATENTED	ABANDONED
60/397,841		July 22, 2002	X	
PCT APPLICATIONS DESIGNATING THE U.S.				
PCT APPLICATION NUMBER		PCT FILING DATE	U.S. SERIAL NUMBERS	
<p>POWER OF ATTORNEY: As a named inventor, I hereby appoint registered patent practitioners associated with Customer Number 30448 to prosecute this application and transact all business in the U.S. Patent and Trademark Office connected therewith.</p>				
Send Correspondence to: Akerman Senterfitt 222 Lakeview Avenue, Suite 400 West Palm Beach, FL 33401-6183			Direct Telephone Calls to: Stanley A. Kim (561) 653-5000	
201	FULL NAME OF INVENTOR	FAMILY NAME WEBSTER	FIRST GIVEN NAME KEITH	SECOND GIVEN NAME A.
	RESIDENCE & CITIZENSHIP	CITY KEY BISCAYNE	STATE OR COUNTRY FLORIDA	COUNTRY OF CITIZENSHIP UNITED STATES
	POST OFFICE ADDRESS	POST OFFICE ADDRESS 740 ALLENDALE ROAD	CITY KEY-BISCAYNE	STATE & ZIP CODE/COUNTRY FLORIDA 33149/ USA
202	FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	RESIDENCE & CITIZENSHIP	CITY	STATE OR COUNTRY	COUNTRY OF CITIZENSHIP
	POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY

US

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true, and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of this application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201	SIGNATURE OF INVENTOR 202	SIGNATURE OF INVENTOR 203
		
DATE 04/13/04	DATE	DATE